Health and Adult Care Scrutiny
9 March 2022

Engaging the Overview and Scrutiny Committee in the Long-Term Plan for Devon

Report from NHS Devon Clinical Commissioning Group

1. Recommendation(s)

1.1. That the Overview and Scrutiny Committee receives this report

1.2. That Members support the use of masterclasses as the opportunity to influence the development of the Long-Term Plan for Devon, Plymouth and Torbay.

1.3. That Members support the development of a Joint Committee with Devon and Torbay so that LTP work that crosses Local Authority boundaries can be considered and scrutinised collectively each of the Scrutiny Committees in the county.

2. Purpose

2.1. This paper aims to engage the Overview and Scrutiny Committee in the development of the Long-Term Plan and provide opportunities to influence, contribute and scrutinise the plan.

2.2. This paper sets out the key areas of the Long-Term change programme that are being accelerated and those which scrutiny committees input across the ICS would be particularly welcome. It also offers an approach as to how we can work together going forward that Members are invited to contribute to and support.

Together for Devon

Health and care working in partnership with local communities in Plymouth, Torbay and the rest of the county

Engaging the Overview and Scrutiny Committee on the Long-Term Plan for Devon, Plymouth and Torbay

Overview and Scrutiny Committee
9 March 2022

1. Introduction

The Plymouth Overview and Scrutiny Committee has been a key partner in the development, support and challenge of the Long-Term Plan, alongside committees in Devon and Plymouth.

The development of a Long-Term Plan (LTP) started in 2018 and was designed to tackle a host of complex issues facing the Devon, Plymouth and Torbay health and care system. There is an overarching Long-Term Plan for the NHS as a whole and this is being localised across systems.

While work to progress the LTP slowed as the NHS focused all efforts on supporting patients and communities through the coronavirus pandemic, the challenges facing Devon, Plymouth and Torbay remain the same and have been exacerbated because of Covid-19.

Re-starting work on the Long-Term Plan has been a priority over the latter part of 2021 and although the emergence of the Omicron variant demonstrates that we are not yet through the pandemic, tackling the issues the LTP aims to address is essential for the Health and Care system in Devon, Plymouth and Torbay.

The Long-Term Plan is still in the development phase, it is being shaped and is not fully formed. Elected Members have a key role in influencing, contributing, and scrutinising this programme of work in a way that acknowledges the voices of the communities and neighbourhoods they represent.

This paper aims to set out the key areas of the Long-Term change programme that scrutiny committees input across the ICS would be particularly welcome. It also offers an approach as to how we can work together going forward that Members are invited to contribute to and support.

All plans outlined in this document are in the formative stages and subject to change and where required formal consultation and other approval processes.

About the Long-Term Plan for Devon, Plymouth and Torbay

The NHS Long Term Plan describes how challenges for health and care will be tackled over the next ten years by transforming services and redesigning systems.

Much of our Devon, Plymouth and Torbay Long Term Plan is based upon implementing this national policy to ensure our health and care system meets national standards. One example of this is designating Urgent Treatment Centres across the county.

Our vision is for there to be "Equal chances for everyone in our county to lead long, happy, and healthy lives". Our LTP contains 25 areas of focus, referred to as workstreams, that will help us achieve this vision. (See appendix 1 for the full list).

The LTP is a complex and evolving landscape, and some areas of work are more advanced than others. For most of the transformation will focus on efficiencies, workforce, and the use of technology to improve efficiency of services and to support transformation; patients and communities will see improved efficiencies and outcomes. For each area of change there will be a dedicated workstream that outlines **how** the transformation will be achieved.

A small number of workstreams will involve large-scale transformation which is likely to result in significant changes to the way people access their services. Where possible transformation should be accelerated as the service changes will help to address some of the significant challenges facing patients locally, particularly around waiting lists for planned surgery.

Significant service change assessment

A significant service change assessment has been carried out for each of the LTP workstreams which provides an indication of where we are likely to formally consult with the public over the coming years.

As there is no legal definition of significant service change, the below definition, taken from *Effective Service Change A support and guidance toolkit, NHS England and Improvement* has been used:

"A significant shift in the way front line health services are delivered, usually involving a change in the geographical location where services are delivered"

In health scrutiny regulations, NHS commissioners must: consult local authorities where there is a 'substantial development of the health service', or for 'a substantial variation in the provision of such a service'. This might mean service users experience a different service model or have to travel to another site for their services

The table overleaf categorises the LTP workstreams into three groups:

- ***Significant service change*** that is likely to require formal public consultation, but more information required
- ***Service re-design*** which may require consultation in the future
- ***No change or an enhancement to the way*** patients access services.

Table 1: Significant Service Change categorisation of LTP workstreams

Significant service change that is likely to require formal public consultation, but more information required	Service re-design which may require consultation in the future	No change or an enhancement to the way people access services
Reduce waiting lists: deliver a system plan for Protected Elective Capacity (PEC)	Short Stay Paediatric Assessment and Integrated Community-based Paediatric Model integrated with community teams	Delivery of the national targets for Mental health with appropriate level of investment
Develop Community Diagnostic Hubs, including broader primary care diagnostics Implement system diagnostics plan, including image sharing network, workforce network and technological innovation	Implement transitional care for 80% of Level 1 neonatal babies, with a possible future equivalent reduction in Level 1 Neonatal cot provision	Go faster, go further for people with Learning Disability and Autism: rights of people with LDA, community-based support and addressing health
Community urgent and emergency care: Make it easier for people to access urgent care and alternatives to EDs, reprocure integrated urgent care system – designating UTCs, reviewing other provision	National model for Surgery in Children (Delivered by NHSE)	A cultural change towards supporting people closer to home and delivering a fully integrated service of all statutory and non-statutory providers

Significant service change that is likely to require formal public consultation, but more information required	Service re-design which may require consultation in the future	No change or an enhancement to the way people access services
Deliver a personalised maternity experience to all women, increase home births, increase number of alongside maternity units		Using systematic population health analysis to support predictive and targeted personalised care
Deliver the New Hospital Programme in north Devon, Plymouth, and Torbay		Implement BADS in Day Case Surgery (British Association of Day Surgery) to improve productivity
		Implement system diagnostics plan, including image sharing network, workforce network and technological innovation
		Reimagine the approach to work, using new technology, new roles and working in networks and collaborations
		Develop 'One Team' approach to workforce so staff can work across Devon, and potentially further afield
		Use virtual/digital initiatives to maximise out-of-hospital opportunities supported by shared records and data
		Deliver a plan to implement best practice pathways consistently, including mental health – for adults and children
		Empower communities to take responsibility for their health and wellbeing so they can help themselves
		Each Local Care Partnership will address health inequalities in their area

Significant service change that is likely to require formal public consultation, but more information required	Service re-design which may require consultation in the future	No change or an enhancement to the way people access services
		All ICS organisations will sign up to addressing inequalities as major employers, purchasers, and service providers
		Focus on prevention and intervention for children and young people, including those with emotional needs, working with education and voluntary services
		Deliver a system-wide initiative to develop the 'Digital Citizen'
		Digital becomes as a route to care based on shared records and electronic patient record
		All ICS partners commit to Equally Well – addressing differences in care by ethnicity, deprivation, and other factors

2. High impact significant service change

This section describes in more detail the services workstreams that will see the most significant transformation over the coming years and the areas in which we are likely to be consulting with the people of Devon. Details about workstreams that may require formal consultation in the future can be found in appendix 2.

Protected Elective Capacity

Our ambition is to reduce waiting times for operations through developing Protected Elective Capacity (PEC) and improving productivity.

Why we need to change

Our performance against NHS Constitution targets is well below where it should be. Figures published for Devon in October 2021 confirm:

- 3,460 people were waiting more than 52 weeks in orthopaedics for treatment like hip and knee replacements
- 2,357 people were waiting more than 52 weeks in ophthalmology for treatment like cataract removal
- 12,704 people across all specialties were waiting more than 52 weeks for treatment or a consultation (up from 5,727 in April 2020)
- The number of people on waiting lists for acute specialities increased from 100,947 in April 2020 to 144,209 in October 2021
- National reports and recommendations from the Getting it Right First Time (GIRFT) national programme indicate that PEC can significantly improve productivity by around 13%
- In 2019, NHS England and NHS Improvement (NHSEI) undertook a review of paediatric critical care and specialised surgery in children and proposed a national model for surgery in children (SiC). NHSEI have commissioned a regional network of clinically led Surgery in Children Operational Delivery Networks (SiC ODN) and have tasked them with bringing forward proposals for the implementation of the national SiC model in each region

Our early proposals

We will deliver a system plan to reduce waiting times for operations and a network of Protected Elective Capacity, focussing initially on the specialties of **orthopaedics and ophthalmology** as they are the highest volume and have been severely affected by Covid-19.

Timely access to planned care will reduce demand on Emergency Departments, primary care and social care and cancellation rates will go down as the protected facilities will not be impacted by high and variable emergency demand.

To help deliver this, we will:

- Create Protected Elective Capacity sites in Devon (number and locations unconfirmed at this stage). We estimate this will increase productivity of current capacity by c18%, mitigating the cost of demand growth and reducing loss of capacity from the impact of emergency pressures in acute hospitals
- Fully operationalise the System Patient Treatment List to ensure equal access to planned care treatments no matter where you live in the county
- Reorganise elective care for those procedures and/or individuals who have the highest complexity to match agreed Intensive Care Unit expansion
- Deliver the British Association of Day Surgery (BADS) standard for level of day case activity, becoming recognised as a system of excellence (building on good practice at Torbay and South Devon Foundation Trust and Northern Devon Healthcare Trust). This will enable a shift of 34% to day case from inpatient procedures with associated cost savings and reduction in cancellations.
- Work with the independent sector as part our strategy to reduce waiting lists and achieve better value for money/activity levels for the current investment.

Work currently in progress

- Further analytical work on financial impact including relationship with New Hospital Programme
- The case to inform the decision on whether phasing of options (phase 1 to create more capacity using our existing resources and infrastructure, phase 2 move activity to PEC) involves a move of services off site or more of the present DGH sites are supported
- Detailed analysis on benefits on outcomes for patients

Community Diagnostic Hubs

Our ambition is to improve diagnostic services and reduce waiting times for vital tests by developing community Diagnostic Hubs and through our Diagnostics Plan.

Why we need to change

The ICS for Devon had recognised imaging diagnostics as a vulnerable service following a local evidence-based review. It was included in the Peninsula Clinical Services Strategy programme where a series of recommendations were agreed by the Peninsula Partnership Board in February 2020.

As of October 2021, only 62.3% of diagnostic tests were carried out within the six weeks, against a target of 99% and below the England average of 75%.

Our early proposals

We will improve diagnostic services and reduce waiting times for vital diagnostic tests like X-ray, MRI, and CT scans by developing a network of community diagnostic hubs (CDH). CDHs, incorporating access for primary care diagnostics, will deliver additional, digitally connected diagnostic capacity, providing patients with a coordinated set of diagnostic tests in the community in as few visits as possible, enabling an accurate and fast diagnosis on a range of clinical pathways.

Work currently in progress

- Number of Community Diagnostic hubs planned and whether they could be co-located with other services – for example protected elective centres
- Will CDH's result in a change to where people access their diagnostic services or will it be additional capacity

Community urgent and emergency care

Our ambition is to create an urgent care system that is easy for people to navigate their way through and ensures everyone is seen in the appropriate setting for their needs.

Why we need to change

Evidence suggests that between 10% to 40% of the most serious Emergency Department (ED) attendances could be seen in alternative settings.

There is significant evidence that Same Day Emergency Care (SDEC) is an effective intervention for patients presenting with a wide range of urgent care needs and that we have not maximised the potential for avoidance of attendance at EDs and admission to hospital.

Current service investment is not reducing acute sector pressure, with inconsistent services, especially in urgent care, that are difficult for people and professionals to navigate.

Our early proposals

We will make it easier for people to navigate their way through the urgent care system and make sure they are seen in the appropriate setting for their need.

This includes ensuring effective provision and availability of services to support mental health, urgent and crisis response. This will reduce pressure on our main hospital Emergency Departments (EDs).

To provide a consistent, easy-to understand service, we will ensure Urgent Treatment Centres (UTCs), currently at Tiverton, Cumberland, and Newton Abbott, meet the national service specification.

With this focus on providing consistent services, we will review community urgent care provision and consider new approaches to local urgent care services.

We will redesign ED, especially at the 'front door', to ensure only those who really need it progress to ED.

We will reprocure our Integrated Urgent Care Service, encompassing NHS 111 and out of hours GP care.

We will deliver the national SDEC requirement in each acute hospital, driving consistent provision of SDEC 12 hours per day, available to all medical, surgical, and frail patients. The increased capacity will result in a 20% decrease in admissions.

We will develop analysis to better understand ambulance demand and develop a strategy for a newly reprocured integrated urgent care system service to divert demand more appropriately through hear and treat and see and treat.

Work currently in progress

Overarching strategy for community urgent and emergency care and information on what impact the implementation of the strategy will have on the existing Minor Injury Units.

Personalised maternity experience

Our ambition is to deliver a personalised maternity experience to all women.

Why we need to change

- Among the outcomes of the Devon's Acute Services Review (2016/17) were that consultant led obstetric services across all four acute sites should remain and choice be improved through alongside midwifery-led facilities, including community hubs for other aspects of pre and postnatal care.
- In terms of national policy, Better Births (2016), stated that women with low-risk pregnancies should have the choice of giving birth with midwifery-led care, either at home or in midwifery led unit.
- The Ockenden Report (2020) stated that all women should be risk-assessed to decide on most appropriate place of birth - home, midwifery led unit or obstetric-led unit.

- In 2018, the NHS in Devon held an engagement programme with local people. Among the outcomes were that midwifery-led units were perceived to be a more relaxed environment, and a favourable option.
- The RD&E has seen an increase in homebirth rates from 2% in 2019-20 to 3.3% 2020-2021. The March 2021 rate had increased to 4.6%.

Our early proposals

- We will meet the targets for Better Births under the direction of our Local Maternity and Neonatal System
- As part of work to ensure that 100% of women get to choose where and how they give birth, we propose to:
    - Increase access to home births
    - Increase access to midwifery-led births through the development of Alongside Maternity Units (AMU). These units, led by midwives and located near consultant-led units on acute hospital sites, are safer and can offer midwife-led births to women with a wider range of needs than standalone units. AMUs are more cost-effective than provision of care for all women through consultant-led units.

In tandem with the above, we will improve breast feeding rates and lower re-admission rates for new mothers and their babies. Staff retention will be improved through new professional opportunities for midwives.

Work currently in progress

- Future model of care for maternity services and what impact will this have on the currently closed standalone midwifery led units and level 1 neonatal units

3. Approach to involving Overview Scrutiny Committees

The ICS is at the start of a 10-year health and care transformation programme and we want to ensure that from the outset, as valued elected members representing the people of Torbay, Devon and Plymouth Overview and Scrutiny Committees across the ICS are involved in this transformation.

Working with people and communities is integral to the Long-Term Plan transformation and a summary of our over-all approach can be found in appendix 4.

Recognising the important role that our Overview and Scrutiny Committees have; we feel a bespoke approach is required to ensure ongoing involvement and co-creation can be achieved.

The headlines of our proposed approach are summarised below, the Committee are invited to comment and input into this approach.

Stakeholder	Communications approach	Involvement approach
Overview and Scrutiny Committees	- Monthly LTP Stakeholder bulletin/briefing - Website resource centre - Monthly Together for Devon Bulletin	- Joint OSC meetings at key milestones with Devon and Plymouth - Monthly private OSC sessions, attended by clinical and operational leads to maintain ongoing involvement - We will work with the OSC to co-produce a method of involvement that will work for all parties. - Masterclasses at appropriate times

Masterclasses

Masterclass sessions are a beneficial way to enable members to focus on a single issue, in-depth and explore how they, as scrutiny members can contribute and have impact.

We propose that the Overview and Scrutiny Committee uses the masterclass approach to explore the key areas of the LTP change programme. This in addition to formal committees will enable them to be updated but also to provide that crucial influencing and shaping.

Joint Committees – Devon, Plymouth and Torbay

There is also the opportunity to work jointly with other Scrutiny Committees across the ICS where is it make sense to or where there is a requirement. We invite the Overview and Scrutiny Committee to think about how that could work and what existing arrangements may be in place already to support that.

Simon Tapley
Deputy Chief Executive
NHS Devon Clinical Commissioning Group

Appendix 1: Full list of LTP workstreams

Ambition	LTP workstream official title	Description
Efficient and effective care	Reduce waiting lists: deliver a system plan for Protected Elective Capacity (PEC)	**Protected Elective Capacity** Develop protected elective capacity within the Devon system to reduce waiting lists for planned surgery
	Implement BADS in Day Case Surgery (British Association of Day Surgery) to improve productivity	**Implement BADS standard** Improve productivity: Deliver the British Association of Day Surgery standard of excellence for day case activity
	Develop Community Diagnostic Hubs, including broader primary care diagnostics Implement system diagnostics plan, including image sharing network, workforce network and technological innovation	**Develop Community Diagnostic hubs**
	Community urgent and emergency care: Make it easier for people to access urgent care and alternatives to Emergency Departments (ED), reprocure integrated urgent care system – designating Urgent Treatment Centres (UTC), reviewing other provision	**Community urgent and emergency care** Overhaul community urgent and emergency care so it is easier for people to access urgent care and alternatives to Emergency Departments (ED
	Deliver national Long Term Plan targets for mental health with appropriate level of investment	**Implement the Community Mental Health Framework**
	Go faster, go further for people with Learning Disability and Autism (LDA): rights of people with LDA, community-based support and addressing health inequalities	**Enhance community support for people with Learning Disability and Autism**

	Deliver the New Hospital Programme in north Devon, Plymouth, and Torbay	**Deliver the New Hospital Programme**
	Reimagine the approach to work for our workforce, using new technology, new roles and working in networks and collaborations	**Support our workforce to work differently including using of technology and new roles**
	Develop 'One Team' approach to workforce so staff can work across Devon, and potentially further afield	**Develop 'One Team' so staff can work across Devon**
	Implement system diagnostics plan, including image sharing network, workforce network and technological innovation	**Implement system diagnostics plan**
Integrated Care	A cultural change towards supporting people closer to home and delivering a fully integrated service of all statutory and non-statutory providers	**Integrated care** Join statutory and non-statutory care to support people in a joined up way as close to home as possible.
	Using systematic population health analysis to support predictive and targeted personalised care	**Better use of data** to understand the needs of communities
	Redesigning and redeveloping community urgent care, including mental health services	**Community urgent and emergency care** Overhaul community urgent and emergency care so it is easier for people to access urgent care and alternatives to Emergency Departments (ED)
	Use virtual/digital initiatives to maximise out-of-hospital opportunities supported by shared records and data	**Improved use of technology** to reduce the need for people to go to a hospital for appointments and to improve safety and experience when people move between sites of care.
	Deliver a plan to implement best practice pathways consistently, including mental health – for adults and children	**Deliver best practice standards of care** particularly in mental health.

Community and people-led change	Empower communities to take responsibility for their health and wellbeing so they can help themselves	**Empower communities to look after their health and wellbeing**
	Each Local Care Partnership will address health inequalities in their area	**Tackle Health Inequalities locally**
	All Integrated Care System (ICS) organisations will sign up to addressing inequalities as major employers, purchasers, and service providers	**Tackle Health Inequalities across the system**
Children and young people	Focus on prevention and intervention for children and young people, including those with emotional needs, working with education and voluntary services	**Focus on early intervention and prevention to support children and young people**
	Short Stay Paediatric Assessment. Deliver an optimised model for community paediatric services integrated with community teams	**Develop short stay paediatric units and integrate paediatric services with community teams** so that children can be cared for closer to home
	Deliver a personalised maternity experience to all women, increase home births, increase number of alongside maternity units	**Deliver personalised maternity services for women and families people having babies**
	Implement transitional care for 80% of Level 1 neonatal babies, with a possible future equivalent reduction in Level 1 Neonatal cot provision	**Implement transitional care so that babies who do not need special care can be cared for with their mothers**
Digital Devon	Deliver a system-wide initiative to support our population to become 'Digital Citizens'	Support our population to become **'Digital Citizens'**
	Digital becomes a route to care based on shared records and electronic patient record	**Implement electronic sharing of care records** so that patients can move between health settings across Devon

Equally Well	All ICS partners commit to Equally Well – addressing differences in care by ethnicity, deprivation, and other factors	**Tackle Health Inequalities specifically relating to** difference in life-expectancy for people with severe MH problems

Appendix 2:
Service re-design which may require consultation in the future

Children and young people

Our ambition is for children, young people, their families, carers, and communities to have access to a personalised, sustainable and coordinated system of care and support that meets needs early and improves their quality of life from early years through to adulthood.

Why we need to change

The Chief Officer Report (2012), Long Term Plan and the National Children and Young People Transformation Programme highlighted that the UK has some of the worst health outcomes for children and young people in Europe.

Nationally, 1.7 million children have longstanding illnesses, including asthma, epilepsy, and diabetes. Young people are increasingly exposed to two new childhood epidemics – obesity and mental distress.

The following transformation projects will help us achieve these ambitions.

Prevention and early intervention

We will focus on prevention and intervention for children and young people, including those with emotional needs, working with education and voluntary services.

Community paediatric services

We will deliver an optimised model for community paediatric services integrated with community teams.

Early Proposal

There will be a cohesive and effective offer to children and young people. Community-based services will be easy to access and clear – and will work on the principle of 'right support at the right time in the right place'.

We will develop at pace an evidence base, and best practice, standardised

and networked model for:

- Short stay paediatric assessment units (PAU)
- Community-based paediatric and primary care (phase 1) and will enhance the integrated model with wider children and young people's health (physical and mental health) and social care services with strong links to education and the voluntary services sector.

Transitional care for neonatal babies

We will implement transitional care for 80% of level 1 neonatal babies. This is based on evidence that a significant proportion of babies cared for at present in level 1 neonatal units would be better looked after at the mother's bedside. It is safe and results in improvements in bonding which translate into significant long-term benefits. At present space in the maternity units is inhibiting the ability of units to implement this.

Our early proposal

We propose to implement transitional care for 80% of level 1 neonatal babies, with an equivalent reduction in level 1 neonatal cot provision in maternity units. Following a review of Devon's Neonatal Units, the new model of delivery would support:

- The adoption of the Royal Cornwall Hospitals NHS Trust model of discharging medically fit mothers and babies from the delivery suite, thereby creating the space for transitional care in postnatal wards under a single clinical management structure.
- All Devon units to further develop transitional care models and facilities

Appendix 3: Enablers for change

To make the beneficial changes needed and deliver our ambitions, there are distinct programmes of work that we must get right.

Our workforce

We will have a workforce strategy that supports future models of care with the appropriate skills and competencies needed and challenges the way we do things to ensure we effectively utilise our people.

Our workforce will be integrated with the right people, who have the necessary skills, values & behaviours providing services that are responsive to local need.

Our 'one team' approach will enable us to deliver new models of care, as we will have an agile and flexible workforce, in demanding but exciting roles that give variety and breadth in opportunity, while ensuring equitable and effective care across Devon.

To enhance our 'one team' culture, we will learn from our past experiences of challenging boundaries, sharing expertise, growing our own and recruiting new people into the county to live, work and grow our economy.

This will be supported by better technology so that we can develop new approaches to delivering services.

Addressing our workforce challenges

Almost 61,000 people work in health and social care across Devon. In the South West 7.8% of roles remain unfulfilled in healthcare (5% in Devon) and 9.2% in social care (7% in Devon).

It is not sustainable to simply find more people to do things the way they have always been done. Our population and their needs have changed - we must adapt our services and workforce to meet those needs.

This will involve sharing our workforce and supporting people to do the jobs they are trained for, so we get the most out of our specialists.

We have already made great strides in this area with some of our networks, for example, the Devon Pathology Network and the South East and North Devon (SEND) Network.

Modernising facilities, utilising technology, and enhancing our training and education offer is part of our commitment to growing and supporting people to

live, work and stay in our county. These investments will make health and social care roles more attractive to people who are looking for jobs.

Alongside this, we will reduce the reliance on agency and locum spend and focus the use of our expertise within the areas of greatest need.

Our immediate priorities are:

- Finalise the Devon ***People*** Plan and its four pillars: workforce, resourcing, learning and education, best place to work.

- Agree workforce plans for each strategy area, supported by digital innovation, development of a shared workforce and a 'one team' approach.

Our estate

We have a once-in-a-generation opportunity to revolutionise our estate, as part of the government's New Hospital Programme (NHP).

Through the NHP, three of our major hospitals in Plymouth, Torbay and North Devon will see new investment to modernise buildings, diagnostics, and technology. This major transformation will drive:

- Significant reduction in backlog maintenance and critical infrastructure risks, thereby improving efficiency and reliability of service delivery
- Modernisation of infrastructure to facilitate optimised productivity and standardisation in delivery methods
- Reduction in overall estates footprint, necessitating changes in working practices or delivery of clinical and support services, fully supported by maximising the opportunities afforded by digitisation
- Significant boost to the local economy via construction and supply chain, signifying the position of the NHS anchor organisations in Devon. Each part of the New Hospitals Programme is subject to a full business case process.
- The quantified details of financial and performance benefits, including the benefits realisation process will be included in the Strategic Outline Cases and FBCs for the three programmes.

NHP investment will help us reduce backlog maintenance along with the development of health and wellbeing centres in the community linked to primary care. This will also help reduce energy costs, carbon footprint, overall estate footprint and improve patient experience.

Learning from best practice

We will use national and local best practice and tools to provide better and more innovative services.

Clinical models of best practice will provide us with a framework to test the processes and approaches within our hospitals. This includes the Model Hospital and Getting it Right First Time (GiRFT) initiatives, which use in-depth insights to improve the treatment and care of patients.

Finance

The financial context for Devon is challenging, with significantly more being spent in service provision than is affordable within the nationally set allocation for the population we serve.

With demand for services expected to continue growing, we must transform the way we deliver care to meet people's needs within the resources we have.

To respond to these financial challenges, the Integrated Care System for Devon agreed a financial recovery strategy built around four key pillars.

1. Maximise productivity, therefore reducing the need to increase capacity to meet growth in demand
2. Minimise new investment from growth in the system allocation to narrow the gap between current spending and available funding
3. Deliver real terms cost reduction through transformation and lower cost service delivery configuration
4. Maximise productivity and efficiency from our corporate and support services.

We are developing a financial planning framework to deliver a financially balanced plan over the next five years. This will be underpinned by reducing unwarranted variation, a sustainable workforce model, improving outcomes and delivering better value from the money we spend. Using business intelligence and population health management we will ensure that transformational focus areas for the system are delivered in line with this framework, driving effective investment/disinvestment, decision making and prioritisation for future sustainability.

The major contribution to financial improvement required from the LTP transformation programme is the containment of forecast growth in demand through improved productivity, efficiency, reducing the need for further service investment.

Appendix 4: Working in partnership with people and communities

Good communications and involvement with people and communities in Devon is critical to the successful implementation of the Long-Term Plan. It is vital that plans are shaped and understood by people across Devon, Plymouth and Torbay.

Our vision is to undertake meaningful involvement and where necessary consultation to develop a Long-Term Plan that meets the needs of people and communities in Devon.

We will provide clear, accurate and timely information about the LTP to all our internal and external stakeholders through various platforms. We will learn through feedback and evolve communications accordingly.

Our strategic approach to involvement is informed by NHS England's Planning, assuring and delivering service change for patients.

Patients staff and the public will be involved throughout the development, planning and decision making of proposals within the LTP.

Involvement will not be a standalone exercise; rather, it will be part of an ongoing dialogue taking place in stages as proposals are developed.

Where formal consultation with the public is required, our approach will be underpinned by the Gunning Principles.

1. Proposals are still at a formative stage. A final decision has not yet been made, or predetermined, by the decision makers
2. There is sufficient information to give 'intelligent consideration'. The information provided must relate to the consultation and must be available, accessible, and easily interpretable for consultees to provide an informed response
3. There is adequate time for consideration and response. There must be sufficient opportunity for consultees to participate in the consultation. There is no set timeframe for consultation, despite the widely accepted twelve-week consultation period, as the length of time given for consultee to respond can vary depending on the subject and extent of impact of the consultation
4. Conscientious consideration' must be given to the consultation responses before a decision is made. Decision-makers should be able to provide evidence that they took consultation responses into account

In addition, the Department of Health and Social Care (DHSC) applies four tests of service change that must be satisfied:

1. Strong public and patient involvement
2. Consistency with current and prospective need for patient choice;
3. A clear clinical evidence base; and
4. Support for proposals from clinical commissioners

Testing our involvement approach

To ensure the involvement we undertake about each of the workstreams (e.g., PEC) is robust and accessible there are some key groups with whom we will test our approach, including:

- OSCs (joint committee is required of all Devon OSCs, and possibly Kernow)
- Quality Equality Impact Assessment panel (tests health inequalities)
- Academic Health Science Network (AHSN) Quality Improvement Partner Panels (QUIPP) (methodology test)
- Legal checks
- Consultation Institute
- Community groups (e.g., Joint Engagement Forum) and VCSE to test accessibility of approach

Adaptations to our approach will be made based on feedback we receive.

Working in partnership

Partnership working and co-production with our key stakeholders is an important part of our overall communications and involvement strategy. We are committed to working closely with everyone in Devon, Plymouth and Torbay on the LTP transformation, however there are some groups with whom we will work more closely.

The table below sets out our proposed approach to working with the various communities in Devon.

Category	Stakeholder	Communications approach	Involvement approach
Primary	Devon MPs and local councillors	- Monthly LTP Stakeholder bulletin/briefing - Website resource centre - Monthly Together for Devon Bulletin - Ad hoc media releases - Telephone calls for important announcements	- Existing quarterly in person briefings with the ICS CEO - Existing monthly in person meetings with the ICS Chair - MP surgeries - Ad hoc briefings as required
	Devon, Torbay and Plymouth OSC	- Monthly LTP Stakeholder bulletin/briefing - Website resource centre - Monthly Together for Devon Bulletin	- Joint OSC meeting at key milestones - Monthly private OSC sessions, attended by clinical and operational leads to maintain ongoing involvement - We will work with the OSC to co-produce a method of involvement that will work for all parties. - Masterclasses at appropriate times
	Cornwall OSC	- Monthly LTP Stakeholder bulletin/briefing - Website resource centre - Monthly Together for Devon Bulletin	Attendance as required
	Healthwatch	- Monthly LTP Stakeholder bulletin/briefing	- Existing monthly meetings with Healthwatch

		- Website resource centre - Monthly Together for Devon Bulletin - Ad hoc media releases - Telephone calls for important announcements	- Membership to the stakeholder working group - Ad hoc meetings if required
	ICS Leadership	- Monthly LTP Stakeholder bulletin - Monthly Together for Devon Bulletin - Ad hoc media releases - Telephone calls for important announcements - Monthly board updates	- LTP Implementation Management group - ICB/ICP Board
ICS staff	NHS Staff across Devon - CCG - Primary Care - Acute, Community and Mental Health providers - SWASFT	- Monthly LTP Stakeholder bulletin/briefing - Website resource centre - Bespoke videos from CEOs aimed at staff - Work with partner communications teams to utilise existing staff communication channels including intranet - Existing Primary Care Bulletin - Existing Together for Devon Bulletin	- System webinars - Attend existing provider webinars and events - Focus groups - Staff surveys

		- Existing GP Webinar	
	Local Authority – staff, including Providers (e.g., care homes)	- Monthly LTP Stakeholder bulletin/briefing - Website resource centre - Bespoke videos from CEOs aimed at staff - Work with partner communications teams to utilise existing staff communication channels including intranet - Existing Together for Devon Bulletin	- System webinars - Attend existing provider webinars and events - Focus groups - Staff surveys
	LA and NHS staff Networks	- Work with partner communications and EDI teams to utilise existing communication channels including intranet - Share information directly with staff Network Chairs for dissemination - Monthly LTP Stakeholder bulletin	- Attend existing network meetings - Run bespoke focus groups and surveys to understand the needs of those in the Networks - System webinars
People and Communities	General public	- Monthly LTP Stakeholder bulletin/briefing - Website resource centre - Media (tv/radio/newspaper/local rag etc) - Dedicated online space on ICS website - Social media campaign - Mail drops	- Devon wide surveys - Focus groups - Public events (in person or virtual) - Consultation meetings and events - In person interviews

		- Posters and leaflets - Videos	
	Patients	- Targeted communications to support and inform patients about transformation - Patient stories and case studies - PALS teams	- Patient Experience data - Specific feedback from patients using the services that are being transformed via focus groups/surveys/interviews/workshops etc
	Media	- Press and media releases	- Frequent meetings and partnership working with media manager
	Voluntary sector organisations and Community Groups	- Monthly LTP Stakeholder bulletin/briefing - Website resource centre - Media (tv/radio/newspaper/local rag etc) - Dedicated online space on ICS website - Social media campaign - Posters and leaflets - Videos - Press releases - Direct contact via stakeholder lists - Work with LCP colleagues to utilise existing communication channels	- Attending existing VCSE meetings, e.g., JEF and the VCSE assembly - One to one meetings - Focus groups - Work with LCP colleagues to utilise existing engagement platforms.

	Local business stakeholders	- Monthly LTP Stakeholder bulletin/briefing - Website resource centre - Media (tv/radio/newspaper/local rag etc) - Dedicated online space on ICS website - Social media campaign - Posters and leaflets - Videos	- Devon wide surveys - Public events - Ad hoc meetings with interested parties
Vulnerable groups	- People with disabilities and neurodiversity - LGBTQ + community - Ethnically diverse communities - People who lived in areas of high deprivation - Migrants and undocumented migrants - Gypsy, Roma, and Traveller communities - People experiencing homelessness	- Work in partnership with the VCSE and utilise their existing channels and links with vulnerable groups - Bespoke briefings and information sheets that meet the needs of different groups - Representation from diverse communities in all publications including media, print, radio etc. - Information available in accessible formats including EasyRead, Braille, Large print - Information translated into different languages - Social media campaign - Posters and leaflets	- Work in partnership community leaders and the VCSE to understand the needs of vulnerable groups - Work in partnership with VCSE to run focus groups and workshops specific to each vulnerable group - Undertake outreach involvement with vulnerable communities – e.g., attending foodbanks, hostels, faith centres etc - Surveys and questionnaires available in accessible formats

		- Videos	

Our stakeholder map will be regularly reviewed, and communications actions and owners identified where any concerns or issues arise.